

## TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

## Division of Workers' Compensation

Nashville, Tennessee 37243-0661

Website: [www.state.tn.us/labor-wfd/wcomp.html](http://www.state.tn.us/labor-wfd/wcomp.html)

Telephone: 1-800-332-2667

## EMPLOYEE'S CHOICE OF PHYSICIAN

*It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.*

**THIS FORM IS ONLY FOR USE BY GOVERNMENTAL ENTITIES ESTABLISHED BY TCA§29-20-401 AND SELF INSURED POOLS ESTABLISHED BY TCA§50-6-405(c)(1).**

State File Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
 Employee: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: JEFFERSON COUNTY \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Address: P O BOX 190 \_\_\_\_\_ City: DANDRIDGE \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37725 \_\_\_\_\_

## PANEL OF PHYSICIANS

Tennessee Code Annotated §50-6-204(a)(4)(A) requires an employer to offer a panel of three physicians to the injured employee. The injured employee must select a physician from the panel.

Physicians Name: JEFFERSON FAMILY PRACTICE Phone: 865-475-6161 \_\_\_\_\_  
 Address: 150 W PRICE RD \_\_\_\_\_ City: DANDRIDGE \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37725 \_\_\_\_\_  
 Is Physician a Specialist? Yes ☐ No ☒ If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

Physicians Name: HAMBLEN FAMILY MEDICINE Phone: 423-587-9777 \_\_\_\_\_  
 Address: 823 MCFARLAND ST \_\_\_\_\_ City: MORRISTOWN \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37814 \_\_\_\_\_  
 Is Physician a Specialist? Yes ☐ No ☒ If yes, give specialty: Ortho, Neuro, etc. o \_\_\_\_\_

Physicians Name: PHILLIPS MEDICAL GROUP Phone: 865.475.0848 or 423.581.7040  
 Address: 204 SHAVER DRIVE \_\_\_\_\_ City: TALBOTT \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37877 \_\_\_\_\_  
 Is Physician a Specialist? ☐ Yes ☐ No ☒ If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Is Physician a Specialist? ☐ Yes ☐ No If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Is Physician a Specialist? ☐ Yes ☐ No If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

I hereby have selected the following physician from the list provided to me by my employer:

Physician Chosen: \_\_\_\_\_  
 Employee Signature: X \_\_\_\_\_ Date Selected: \_\_\_\_\_

*A copy of this form must be provided to the employee. The employer must keep the original form on file and upon request provide a copy to the Division of Workers' Compensation.*

This form is required to be in compliance with Tennessee Code Annotated §50-6-204.